STATE OF MARYLAND Film Good item 1. DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 212013 8/8/85 rja MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Franklin 2 DATE KNOWN SARY YEAR HINGO (TYPE OR PRINT) 7-22-85 LAY IS NECESSARY, PLEASE

THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
FILED, WITHIN 72 HOURS.
PROJ W. PRESTON STREET, HOWARD FRANK DEATH MATED ALGER. 4 RACE AGE (IN YEARS | IF LINDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 7-22-85 DAM .. MALE WHITE 01 1960 25 YRS 04 76. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X WASH., D. C. U. S. of WIDOWED [DIVORCED St. Mary's County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Mechanicsville Mechanicsville, Md. Rt.5 Insurance Agent Alger-ONeill WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113 COUNTY 13e STREET ADDRESS 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND CHARLES LA PLATA YES [WOODHAVEN DRIVE NO X 20646 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Franklin MIDDLE HOWARD ALGER, SR. JUDY KOZAK ELLEN 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 217-78-0833 HOWARD F. ALGER, SR., LA PLATA, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY driver of an auto which impacted the rear 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME STREET FACTORY, FARM, ETC.) WHILE AT WORK Mechanicsville, Mary Tand Autopsy X Inspection 220 I certify that I took charge of the emains described above, held an and in my apinian Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7-22-85 M Assistant SIGNATURE Gregory R. Kauffman, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURIAL 07/24/85 Mount Rest Cemetery La Plata Charles 07/84 Md. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** AREHART FUNERAL HOME; INC., LAPLATA, MD. (VR A15 ME (5))

TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

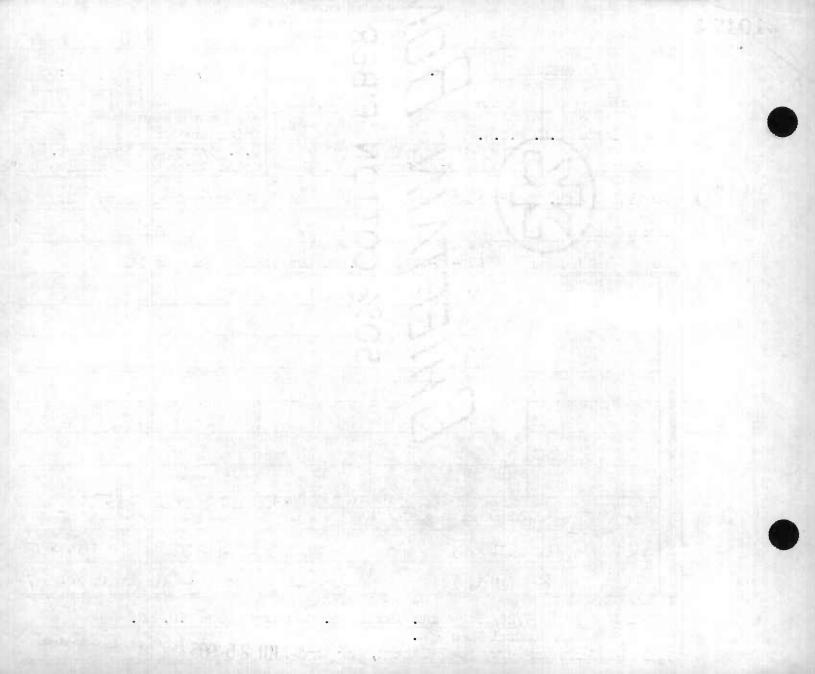
MPORTANT If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

210174

	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND MI

ND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	2	"BEG. N	0. 2	0 9	4 9
		CEASED NAME	FIRST	M	IDDLE	l.	AST	20. DATE			DAY YEAR	2b. HOUR
	TIPE	DE PRINTS	MARGARE	T	н.		AVERY	JULY	19,19	85		4:00PM
	3. SE >			ACE	200120	5 DATE C			N YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	119	White		Janu	ary 22,1925	60		YRS	NONTHS DAYS	HOURS MIN.
	7a. BII	RTHPLACE (STATE OR FO	DREIGN 76. C	CITIZEN OF W	HAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIN	ORE CITY O		OF DEATH	
1		Washington	n D.Q.	U.S.A.		WIDOWE	**	Sain	t Mary	7		MD.
	10. CI	TY OR TOWN OF DEA	TH 11.	NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	I U USUA	Cover	iment	Navyop	EPHNESS OR
1		lifornia		79 Tow	n Creek	Drive	20619	Publi	c Work	s Adm	ihistra	tive Ass'
-	13a. S	AL RESIDENCE (IF NURSING	136 COUNTY		TIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	113e STREE	T ADDRESS	ZIP CODE		
4	-	ryland	St. Ma	ry"s	Californ		YES NO X		Town C	reek	Drive	20619
ñ		THER'S NAME	MIDD	ıŧ	LAST		15 MOTHER'S MAIDEN NA	ME	MIDDLE		LAS	т
/		lton Lewis	F 40	17/18			Edna			Welch		
	_0	VAS DECEASED EVER II	(IF YES GIVE WA	R OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRE		1.0	
	N	0	None		79-52-27	42	E. William A	wery	Same	as #		
		18 CAUSE OF DEATH PART I. DEATH WA	LEnter only or	ne couse per l	ne for (a), (b), one	dic	1 +=				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	100		MMEDIATE CA		netast	atic	breast ca	ncel				
ď				DUE TO, OR	AS A CONSEQUE	NCE OF						
		Conditions, if ony,		(b)					3.795			
		gave rise to immi		DUE TO OR	AS A CONSEQUE	NCE OF						
		underlying couse	lost.	(c)							5 6 DV	
		PART 2 OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEA	ASE OR CON	DITION GIVI	N IN PART 110	
	CERTIFICATION											
ř.	CAT	190 DATE OF OPERATI	1011	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?	20b IF YES	, WERE FINDIN	GS USED
	TIF				1200			YES 🗌	NO	YES		NO [
		210 ACCIDENT WAS UNDE		21b. TIME OF	INJURY L. MONTH DA	YFAP	21c HOW INJURY OCCUR	RED (ENTER	NATURE OF INJUI	RY IN ITEM 18 PA	ART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICA		P.M		19	POLE WAR					
	MEDICAL	21d INJURY OCCURRE	D	21e PLACE O	FINJURY	ADM ETC)	211 LOCATION	1940	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK AT WORK	E 🗆	(AT NOME STREET	TACTORY OFFICE, II	ANTE ETC ;					71122	
		27a.1 certify that (1) (irch 19 84	to	July 19	7	985	that (I) (we) last
d		saw the deceased obove, (I) (we) (di	d olive ond) (did not) vie	w the body o		84 , 01	nd that in (my) (our) opinion	deoth occur	red on the do	ate and hour	and from the	couses stated
d		226 SIGNATURE -					DEGREE				22c. DATE	SIGNED
		Charle	's Ber	mett 1	u.D.		ATTENDING PHYSICIAN D	MEDICA DIRECTO	R PHYSIC		7	19/85
		276 PHYSICIAN'S NA				175.7	22e ADDRESS					
		Char	les Bei	nnett 1	4.0.		P-0. Box	550	5 h	US by,	Mid-	2065/
		URIAL, CREMATION, R	EMOVAL 23	B DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LO	CATION	- Faci		
		BURIAL	7	7/24/85	St.	Thom	mas Ch. Cermete	ery Cr	coom P.	G. Md	COUNTY	STATE
	24 FU	INERAL DIRECTOR	Lee Fur	neral H	lome Inc.				REGISTRAR	25b REGISTE	AR'S SIGNAT	IRE A. DO
	66	33 Old Ale			MDDWEDD		Maryland 20	W152 5	1985	grover	avidson-l	produce



EDWARD N. BRINSFIELD, JR. LEONARDTOWN. MD.

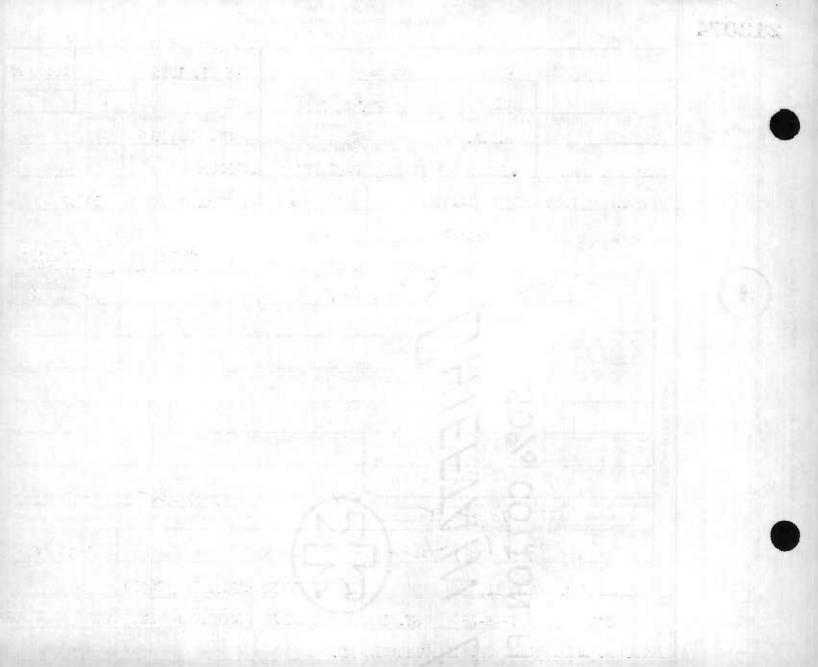
unia Davidson Randale

BALTIMORE, MARYLAND 2120

PRESTON ST.

DIVISION OF VITAL RECORDS,

(VRA 15, 4)



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DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH	SIENE	REG. NO.	2	0	9	5
1241	2- DATE	OF DEATH WO	MITM	DAY	Q A AV	25 6

1 DEC	EASED NAME	FIRST	N	IDDLE	L	AST TEACH	20. DATE OF DEAT		DAY Y	EAR	2b HOL	R	
(TYPE	OR PRINT)	KATHI	RVN	RUTH	B	EAVERS	July §	26.	85			5P _M	
3. SEX			I. RACE	ROIII	S. DATE C		6 AGE (IN YEARS LA		IF UNDER	YEAR	IF UNDER		
	emale		White			22, 1914 YEAR	71	YRS	MÖNTHS	DAYS	HOURS	MIN.	
7a BIF	RTHPLACE STATE OR F	OREIGN 7	b. CITIZEN OF V	VHAT COUNTRY	2 8	XXNEVER MARRIED	P BALTIMORE CITY OR COUNTY OF DEATH						
W	ashington	n,D.C	U.S	S.A.	WIDOWE		St. Mary's						
	ty or town of DEA Leonardto					Hospital	120 USUAL OCCU		12b K INDU	IND OF	r BUSINI ne	Co.	
13a S	AL RESIDENCE (IF NURS) TATE d.	136 COUNT St. N	other institution of the lary is	SIVE RESIDENCE BEFORE 13. CITY OR TON Valley	Lee	13d INSIDE CITY LIMITS? YES NO TO	130 STREET ADDR	ESS / ZIP COL	DE X	00	09	2	
4 FA	THER'S NAME		IDDI E	LAST		15 MOTHER'S MAIDEN NA							
	Melvin	Υ.	Ha	all		Ruth	WIDE	(Gray	LAST			
	AS DECEASED EVER			166 SOCIAL SEC	URITY NO	17 INFORMANT	A	DDRESS				N.	
11	ES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	578-14	-4472	Everett J	. Beaver	s Sar	ne 13	3e.			
CERTIFICATION	Conditions, if ony, gove rise to imm couse to statinum derlying couse PART 2 OTHER SIGN DATE OF OPERAT	lediote g The lost	ONDITIONS CO	TION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE OR OF LONG AUTOPSY? YES NO	20b IF YI	ES, WERF I	FINDIN	GS USA		
	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT	P.A	и. МОПТН [и.	DAY YEAR	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF	FINJURY IN ITEM 18	PART I OR PA	ART 2)			
MEDICAL	21d INJURY OCCURR		21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM_ETC)	211 LOCATION STREET	CITY	OR TOWN	COUP	NTY	\$	STATE	
	22a.1 certify that (1) saw the decease above, (1) (we) (d				7/1	nd that in (my) (our) opinion	death occurred on t	he date and ha	. 19 our ond Iro	m the c	hat (1) (we) lost ated	
	276. SIGNATURE	4	1				MEDICAL PH	STAFF HYSICIAN [220	DATE S	JGNED	5	
	22d. PHYSICIAN'S N	mes	N.	d, M.D		22e ADDRESS	Leonardto	own, M	d	/	1		
	urial, cremation, i	REMOVAL	7/30/	'85 S	t.Gec	emetery or crematory or ge Island	cem. St	Georg	Sti	Mar	y's	™Md	

DHMH - 16 60M 7/B4 (VRA 15, 4) W. Clarke Mattingley, Leonrdtown, Md.

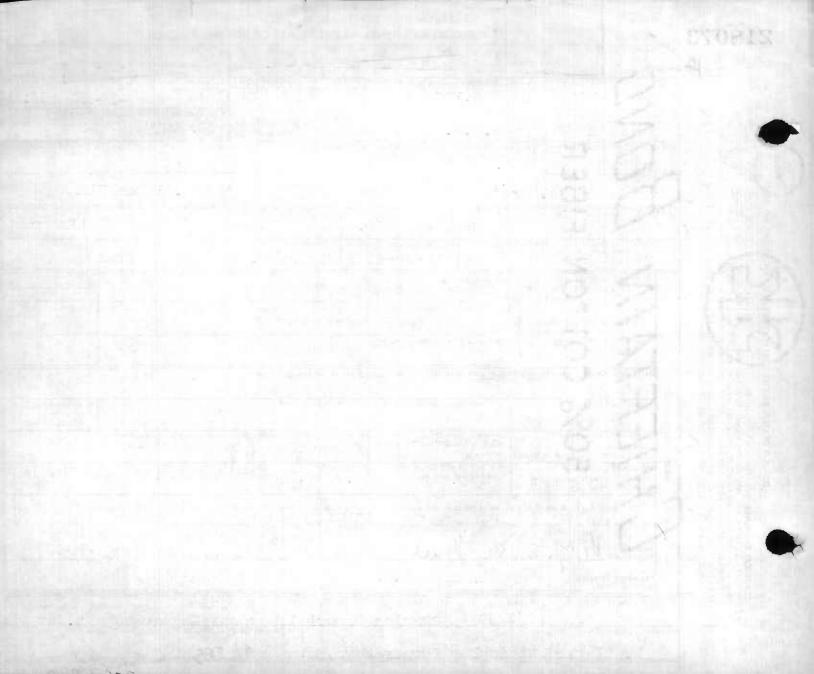
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

111 30 1985 La Javide

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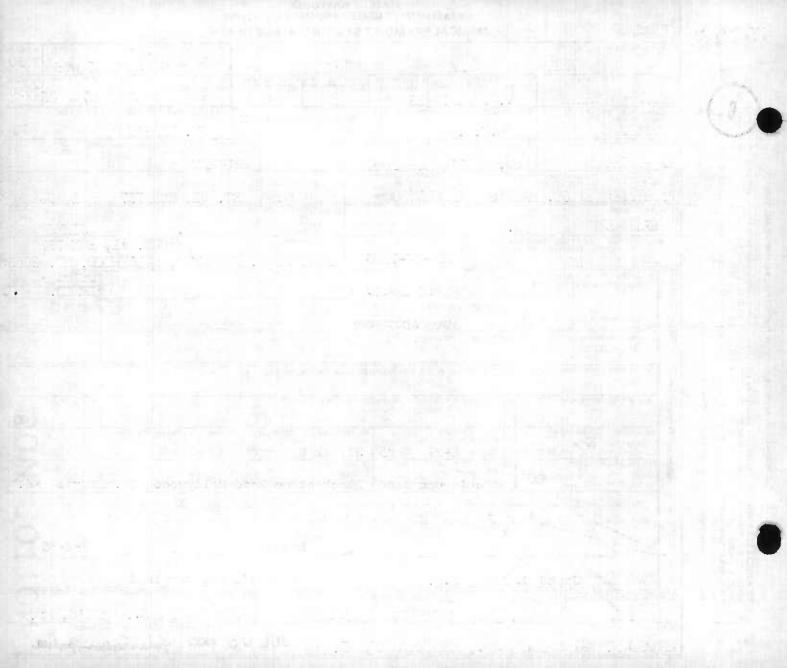
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 218073 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO. DATE KNOWN X CHIE CEMING OF ESTI-BECKLEY. JR. EUGENE RALPH DEATH MATED 7-28-85 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE RONOUNCED May 25,1960 Male White 7-28-85 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR NEVER MARRIED St. Mary's County U.S.A. Virginia 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS Mary S HOSPital OR INDUSTRY Leonardtown Mechanic ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS Maryland 13d INSIDE CITY LIMITS? 1 Box 71A Leonardtown 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLEJane Hammond Beckley Ellen Sr. Ralph

168 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO. 213-78-0952 Teresa M. Beckley Same Navy Yes IB CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR! YES K 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 driver of an auto/auto head-on collision 71a EXTERNAL CAUSE WAS THE DE MUNITERY 2 TO 85 YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION Rt. 5 nr. Pin Cushion Rd. Loveville, Maryland EXECUTE THE CERTIFICATE, WRITITION PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, \$21201 P. STRUET CACTORY, FARM, ETC.) WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident K death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) DATE 7-29-85 Assistant 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 8/2/85 Charles Memorial Gardens LeonardtownSt.MarysMd 07/84 Buria 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** AUG 2 (VR A15 ME (5)) in Davidson Bowl as Clarke Mattingley Leonardtown, Md



492029	1 - ST				DEPARTMENT OF	HEALTI		NTAL HYGI		REG! NO	n 9	- m	
25 S. S. E.		ASED NAME	FIRST	Ι Δ	DAM	RITE	RDETTE		20. DATE K OF DEATH A	ESTI-			. HOUR
LEASE TOR. LES. DURS	3. SEX		I. RACE	5. DATE OF BIRTH	6. AGE (IN	EARS IF UI	VDER 1 YR. I	F UNDER 24 H	RS. 2c. DATE		MONTH DAY		I. HOUR
(100)	MAL	E	WHITE	DAI	1971 13	rs.	THS DAYS	HOURS MIN.	PRONOUNC DE AD	ED	JUNE 27	9 852	.050 _M
	FOREIC	HPLACE (51) SN COUNTRY) RYLANT		76. CITIZEN OF WH		8. MARR		ER MARRIED DIVORCED		_	COUNTY OF DE	ATH	
A SECTION AND A		OR TOWN		U.S.A	PITAL, NURSING HOA				USUAL OCCUPA	MARY TION (TYPE	OF WORK 126. KINE	OF BUSIN	MD.
2027		NARDTO		ST. MAR	Y'S HOSPIT	'AL			FOR MOST OF WORKING	NG LIFE)	ORI	NDUSTRY	
F ANY D AND 3 RETAIN PROUID BECOME	13a. STA	TE YLAND	13b. COUN	DR OTHER INSTITUTION, GIV ITY MARY S	13c. CITY OR TOWN		13d. INSIDE CITY	Y LIMITS? 130, :	STREET ADDRESS	s BOX	757 2	20636	
O I NA	14. FATH	ER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NA			LAS		
# 398 × 480 -		LIFFOR		W.	BURDETT		VER		P		JO	DNES	
FTER FOR FOR FOR FOR	(YES, I	NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR		17. INFORMA			ADDRES	. #1, BOX		
BALTIMORE, DURS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 178 DIVISION OF	N		DEATH (C.)	1	220-04-79	183	CLIFE	ORD W.	BURDETT	E, HO	LLYWOOD,	MD. 2	20636
ST., HOL A 18 AG A 18 AE, E	10	PARTIDE		ly ane cause per line O BY:	tar (a), (b), and (c).) LTIPLE TRA	ττωΔ					BETWE	EN ONSET ANI	D DEATH
PRESTON ST. VITHIN 24 HO CIL IN ITEM 1 NER ALONG ALTH FREMITA AL HYGIENE, MOVAL		8/4	IMMEDIA		AS A CONSEQUENCE			•			LINE	ED.	
PRESTO VITHIN S CIL IN II INER AL ANSIT P WOVAL.			i, if any, which	(b)	AUTO ACCI	DENT							
W. P.			stating the under-	DUE TO, OR	AS A CONSEQUENCE								
55, 301 W. PREST XECUTED WITHIN G" IN PROFIL IN CAL EXAMINER A BURAL-IRANSIT AND MENTAL HY ON, OR REMOVAL				(c)									
DIVISION OF VITAL RECORDS, 36 S CERTIFICATE SHOULD BE EXECU- NITING THE WORD "PENDING" IN RDED TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BURE E DEPARMENT OF HEALTH AND PRIOR TO BURIAL, CREMATION, C		ART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION (GIVEN IN PART 1 (a)					
OULD PEP	CERTIFICATION	a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORM	ED?			2D. AU	TOPSY?	
VITAL I	RTIFI	CYTEBLIA	CAUSE WAS	21b. TIME OF								s 🗆 N	OX
BIVISION OF VITA BIR. WRITING THE WORR ORWARDED TO THE CH ORWARDED THE CH ORWAR			OR G CAUSE OF I		MONTH DAY YEA	R			TER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)		
SION RTIFIC JG TH SHOU PARTY	0 21	& INTERY O	CCURRED		6-27 198	5 St	ruck b	y auto					
DIVIS HIS CER WRITING WRITING GE 3 S TE DEP	W W	/HILE		STREET, FACTO	ORY, FARM, ETC.)		STREET	-ma D-a	CITY OR TOWN	1	St. Mary	.la M	STATE
E, WARWA PAG	/ A				istone Roa				d Holly		St. Mary	'S M	ld.
EXAMINER: CCRTIFICATE, JULD BE FOR WITH THE S'				and the same of	Accident X S	Autap		Inspection X	' '		in my apinian		
EXAMINER CERTIFICATION BE FO DIRECTOR. WITH THE	3 1	South resulte	Secies Nuty	pecular ()	Accident LL, S	vicide	, Hamicid		determined man	ner,			
CAL EXA THE CER SHOULD RAL DIR	A	GNATURE_	1	1			De De	enuty	NEDICAL EXAMIN	ICD	DATE 7-	1-85	
DICA FE TH SH SH SH			116	1	senter of						0.0.120		
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFTER DEATH, BALTER DEATH, BALTER DEATH,	(7)	YPE OR PRIM	James	C. Boyd,	M.D.		ADDRESS		town, Ma	arylar	ıd		
EX PA PA BA BA BA BA BA BA BA BA BA BA BA BA BA	{SPBC	RY) /	ON,REMOVAL		23c. NAME OF CE			23d	LOCATION CITY OR TOWN		COUNTY	STATE	
BP		JRTAL ERAL DIRECT	ŌR	6/29/85	EVERGRE	EN ME					T. MARY S		•
DHMH - 17 (VR A15 ME (5)) 15M 7/77	N/	ME		ELD, JR.,	LEONARDTO	WN, M		JUL U		10	Davidson-A		

CTATE OF MARRY



EDWARD N. BRINSFIELD, JR. LEONARDTOWN, MD

(VRA 15, 4)

STATE OF MARYLAND

pulser Z

STATE OF MARYLAND

DI

EPARTMENT OF HEALTH AND MENTAL HY	GIENE	
CERTIFICATE OF DEATH	8 5 REG. NO. 2	-
LAST	20. DATE OF DEATH MONTH	

REGISTRAR				CEKTIF	ICATE OF DEATH	8 -	REG. NO.	U	5 5
1- DECEASED NAME (TYPE OR PRINT)	FIRST		WIDDLE		AST A CYTS	2a. DATE OF		DAY YEAR	8:00P.
N - 11 - 1 - 1	EMMA		BEATRICE		HASE				W
3 SEX		4 RACE		S. DATE C		6 AGE INTE	ARS LAST BIRTHDAY)	MONTHS DAYS	
FEMALE		WHI	ΓE	SEP		85	YR:		HOURS MIN.
	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMOI	RE CITY OR COUN	TY OF DEATH	
WASHINGTON	N, D.C.	U.S	S.A	WIDOWE			St. Man	ry's	MD.
Leonard to		(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET, Mary's Ho	ADDRESS)	DR OTHER INSTITUTION	TYPE OF WORK	OCCUPATION FOR MOST OF WORKING Y MAKER		OF BUSINESS OR
USUAL RESIDENCE (# 130 STATE MARYLAND	136 COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW LEONARD	N	13¢ INSIDE CITY LIMITS?		ADDRESS / ZIP CO		20650
A FATHER'S NAME				119	IS MOTHER'S MAIDEN NA	AWE.			
FREDRICI	Κ .	A.	GRIFFITH	H	LAURA		V.	ST	TUART
160 WAS DECEASED E		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		RT. #3.	BOX 510	
NO	N) (IF TES GI	VE WAR OR DATES)	578-10-3	1365A	CHARLES J.	CHASE,	HOLLYWOO	D, MARYI	AND 2063
18 CAUSE OF D	TH WAS CAUSI	nly one couse pe ED BY- TE CAUSE (0)	ine for 101, 16, and	Bul	mnay j	Faile	une -	APPRO BETWEEN	NONSET AND DEATH
Conditions, if		DUE TO, C	OR AS CONSEQUE	ACE OF	we Hea	A Fa	ilung	de) sx s
gove rise to couse (a),	stating the	DUE TO, C	IR AS A CONSEQUE	NCE OF	0				0
PART 2 OTHER	SIGNIFICANT	CONDITIONS	ONTRIBUTINGSTO D	MATH HUT	2 Malian	anal disease	OR CONDITION	GIVEN IN PART 1	la
THE DATE OF OR	ERATION	186 CONS	TON FOR WHICH	OPERATIO	N WAS PERFORMED	20s. AUTO		YES, WERE FIND	

216 TIME OF INJURY

M.A. BUCH

MONTH DAY YEAR

DR CONTRIBUTING [] CAUSE OF DEATH

P.M. Te. PLACE OF INJURY AT HOME STREET FACTORS, OFFICE FARM ETC.

TH LOCATION

Circ OF 10 WIN

22x I certify that (I) (this heaptful) attended the deception

COUNTY

STAIR

27h SIGNATURE

774 PHYSICIAN'S NAME IT Jarbee, M.D. James /P.

77s. ADDRESS Leonardtown, Md

ATTENDING! PHYSICIAN

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for us with the State Dept of He

THE DATE BURIAL 7/6/85 24 FUNERAL DIRECTOR

CEDAR HILL

THE NAME OF CEMETERY OR CREMATORY

CITY DE TOWN

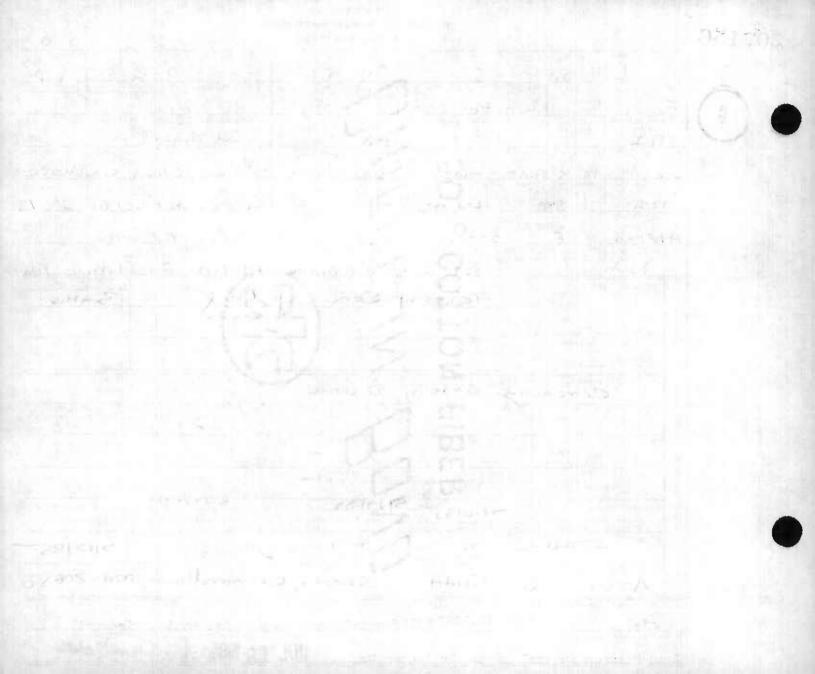
256 DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATI

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

file of a type of ... more recommendation de em contra con James F. James

Ives-Pearson Funeral Homes, Arlington, Va

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 26. DATE OF DEATH MONTH 26 HOUR July 25, 1985 2:00P IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH St. Mary's County

126. KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE

12314 DEWEY ROAD 20906

BALL P.O. BOX 217

APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and that in (my) (aur) apinian death occurred an tile date and haur and from the causes stated 22: DATE SIGNED

231. NAME OF CEMETERY OR CREMATORY 23d LOCATION

HUNTT CREMATORY

WALDORF CHARLES, MARYLAND

STATE

24 FUNERAL DIRECTOR BRINSFIELD, JR., LÉONARDTOWN. MD.

7/26/85

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Grue Devideor-Randale

DHMH - 16 60M 7/84 (VRA 15, 4)

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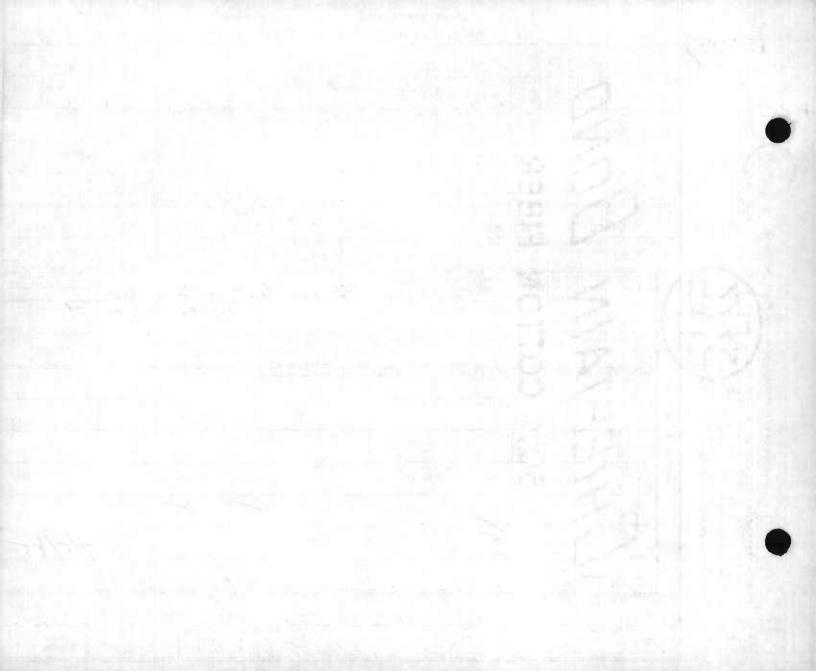
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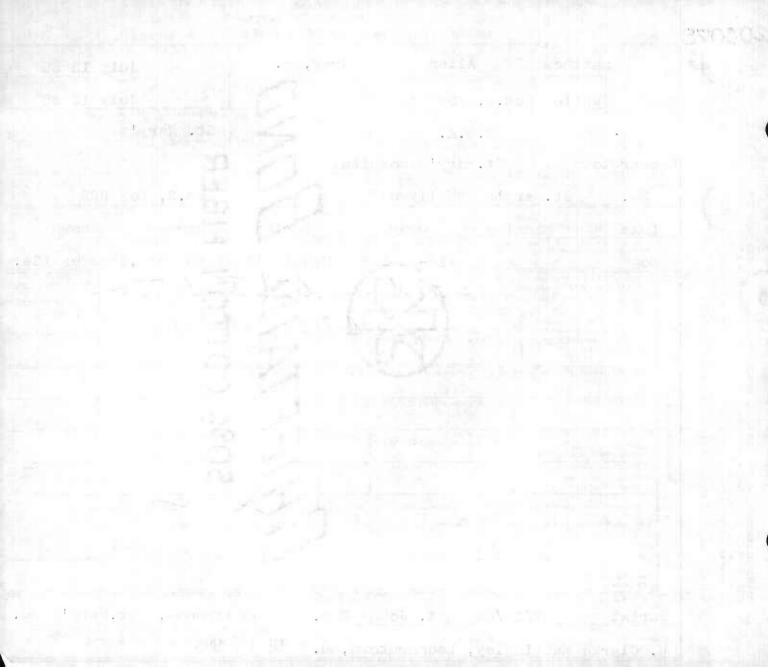
The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGINO. DECEASED NAME DATE KNOWN TYPE OR PRINT ADAMS DOBRY EDWARD DEATH MATED 1985 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Aug. 28, 1926 July 3. 19 85 59 YRS DEAD White Male 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Maryland USA DIVORCED St Mary's IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFES Lexington Park Naval Hospital Pax.River Veterinarian Self 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland St Mary's Lexington Pk. YES 🗌 422 Great Mills Road NO IX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Edward James Dobry Mignonette Elizabeth Adams 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATES 220 16 8695 Alice Calirroe Dobry same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO: OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 USED AS A B CERTIFICATION 19a DATE OF OPERATION ARITING
ARDED TO THE CRITE
ACE 3 SHOULD BE USED
ATE DEPARTMENT OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO F 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER James C. Boyd M.D. Leonard town, Maryland ADDRESS 230. BURIAL, CREMATION, REMOVAY 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial July 6,1985 Holy Face Cem. Great Mills, St Mary's, Md 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 204078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR RESINO. DECEASED NAME KNOWN LTYPE OR PRINTI Matthew Gray, Sr. S NECESSARY, PLEASE FEUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREEL. Allen DEATH MATED □Julv 13 85 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED Oct.2,1938 Male White 46 DEAD July 13 85 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED ENEVER MARRIED FOREIGN COUNTRY Md. St. Mary's U.S.A. DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
St. Mary's Hospital OR INDUSTRY Leonardtown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS TIMORE, MD, 2120 St. Mary's Hollywood Rt. 2. Box 222 Md. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gray Bertha Manning Theresa Brown Luke 66. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-38-1258 Ethel Elizabeth Gray, Same as 13e. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Natural couse Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL AFTER DEATH, BALTIMORE, W DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME TYPE OR PRINTS **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION St. Mary's Md. 7/16/85 St. Johns Cem. Hollywood, Burial 07/B4 BP 25M 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 350, REGISTRAR'S SIGNOSURIES.

1111 1 7 1025 January Davidson Window **DHMH - 17** (VR A15 ME (5)) W. Clarke Mattingley, Leonardtown, Md.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 1201	Z
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	OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs at a hospital or attending physician.
4	0 0

TO HOSPITAL

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely should be detached for use as the burial-transit permit. Then please remove corban popers. Pages 1 and 2 should the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical exam

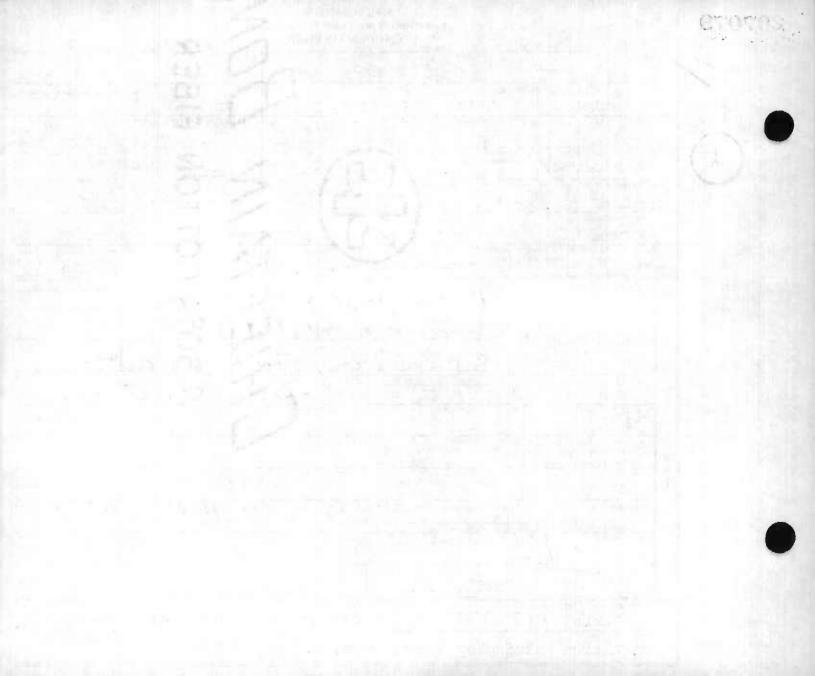
	1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 5 REG. NO.	2 0 9	6 0
		EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH M	ONTH DAY YEAR	26. HOUR
0	TITPE	OR PRINT) HENRY	HERN	MAN H	OFFMAN	July 1	8 1985	8.55AM
V	3 SE>		4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHE	R IF UNDER 24 HIRS	
		Male	White	1.5-1		77	YRS MONTHS DAY	HOURS MIN.
26		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
0		Maryland	USA	WIDOW		St, Ma	ry's Cour	ity MD.
V	10 CI	TY OR TOWN OF DEATH Leonardtown		TAL, NURSING HOME (TY, GIVE STREET ADDRESS) Liary s	Hospital	170 USUAL OCCUPATION 174 PE OF WORK FOR MOST OF V Farming		OF BUSINESS OR
6	130 S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)	ITY 13c. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN echanicsv	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2 Box 2		59
11		THER'S NAME			15 MOTHER'S MAIDEN NA	ME		
40		Joseph	MIDDLE H:	offman	Julia	MIDDLE	Mora	n N
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 S	OCIAL SECURITY NO.	17. INFORMANT	ADDRES	S	
1	{1	NO (IF YES GIV	57	9-03-8545	Ruby V. Ho	ffman		13e
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last	D BY: E CAUSE (D) HI DUE TO, OR AS A	strocyt	er Mell	the ski	na t-	
	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	CHALL ST	TION GIVEN IN PART	Q =
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
9		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	IIB III	IRY AONTH DAY YEAR 19	71¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART ?)	
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	711 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
		27a.l certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did no			nd that in (my) (our) apinion	death accurred on the date	0 >	, that (I) (we) lost se causes stated
		226 SIGNATURE)		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		E SIGNED
/		22d. PHYSICIAN STIAME THE			77e ADDRESS			
		Adinath A	A. Patil,	M.D.	Leonar	dtown, Md,	20650	

Old Fields Cemetery Hughesville Charles Md. 7/20/85 Burial JUL 2 2 1985 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 W. Clarke Mattingley Leonardtown, Md.

236 DATE

73a BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 210197 DECEASED NAME KNOWN* ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
W. PRESTON STREET, DEATH MATED | July Paul Benjamin 21 Lacev 8 4. RACE SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE 7d. HOUR LAST BIRTHDAY) PRONOUNCED Male uly 27,1936 48 July 21,1985 White DEAD Th CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA St. Mary's Md. WIDOWED DIVORCED FILED TO THE IN PAGE S IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 24 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)

BOTCher OR INDUSTRY Helen Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Rt. 4. Box 263-C St. Mary's Mechanicsvi 13d. INSIDE CITY LIMITS? Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Dudley Elsie Knott Lacey Mary BALTIMOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT DIVISION (YES, NO, OR UNKNOWN) 214-34-6702 No Barbara Jean Lacev CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D L. CREMATION, OR REMOVAL. ASTROINTESTIONAL Bleed. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sec IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a. DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PROFE A SHOULD BE FORWARDED TO THE CHIEF TO FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBBALTIMORE, MARYLAND, 21201 PRIOR TO BURRAL. YES NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY 22a I certify that I taok charge of the remains described above, held on Autopsy Inspection A and in my opinion death resulted fram: Natural cause Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE Leonardtown, St. Mary's Md. 7/23/85 Burial Charles Mem. Gdns. 07/84 25M 24 FUNERAL DIRECTOR 250. DJEJREC'Z BYREGISTRAR **DHMH - 17** (VR A15 ME (5)) W. Clarke Mattingley, Leonardtown, Md.

STATE OF MARYLAND

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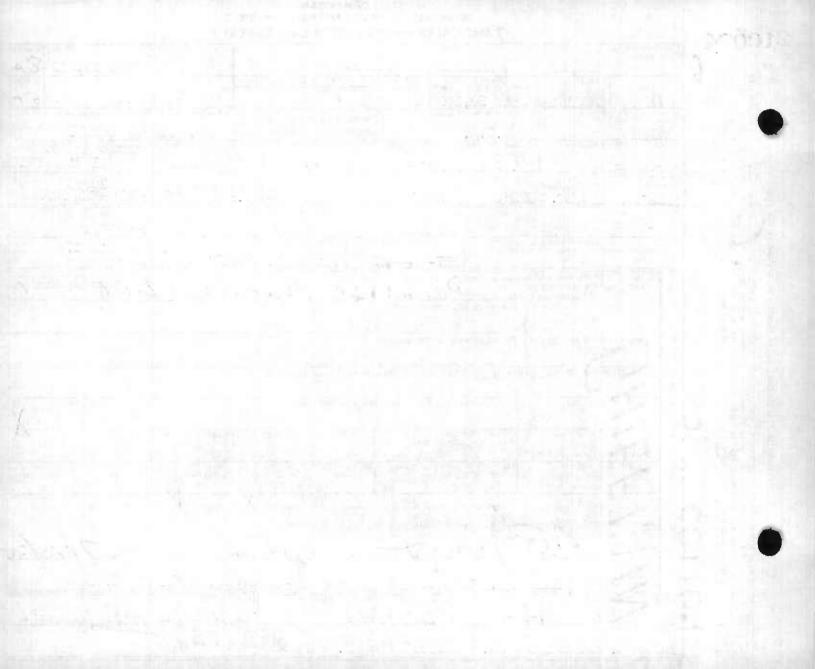
		FOR		DEPARTA		OF MARYLAND	YGIENE				
147	1 -	REGISTRAR 7-19-85	Item 7			CATE OF DEATH		REG. NO	2 0		6 2
		EASED NAME FIRST		WIDDLE	LA		20 [DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
ompletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death examiner must be notified at acce.		COLI	INS	WILLIA	M MC	EACHERN		July 9	1985	;	9:40
	3 SEX		4 RACE		5. DATE OF	F BIRTH	6 A	GE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
1	M	ale	Caucasi	ian	Nov.	8 DAY 1908	7	6	YRS.		
, 1 Ce	7a BIF	THPLACE (STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	☐ NEVER MARRIED ☐	9. B/	ALTIMORE CITY O	R COUNTY O	F DEATH	
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0 /	10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION		USUAL OCCUPATION	NC		F BUSINESS OR
02/		Leonardtown		Mary's		ital	Re	sident M	gr.	Apar	tments
9	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.5	STREET ADDRESS	7IP CODE	2065	3
\$7	_	U	ary's	Lexington	1 Park	YES NO		TREET ADDRESS /	335	11	
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350	J	ohn Fr	ank	McEache:		Maude		Mildre		Owe	ns
dical		AS DECEASED EVER IN U.S. AF	MED FORCES?	165 SOCIAL SECU		17 INFORMANT		P. O. Bo	Sx 335		4
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		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b) one	18	М	-	01	1 -		MATE INTERVAL ONSET AND DEATH
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or r			DUE TO, O	R AS A CONSEQUE	NCE OF _	- 1		0			
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her t		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
or of		underlying couse lost.	(c)								
دم.	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TE	RMINAL	DISEASE OR CONI	DITION GIVEN	IN PART 10	3
niu A	CERTIFICATION										
9	FICA	9a. DATE OF OPERATION	195. COND	ITION FOR WHICH	OPERATION	I WAS PERFORMED	26	0a AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NERE FINDIN	OF DEATH?
spo -	ERT	71g. ACCIDENT WAS UNDERLYING	7 21b. TIME C	NE INTITION		21. HOW BUILDY OCCU		ES NO	YES		но 🗆
48.4		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCU	URRED (ENTER NATURE OF INJUR	Y IN ITEM TO PART	1 OR PART 2)	
# fe	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		.M.	19						
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.51		22a I certify that (I) Athrs hosp				19		10 1004	793.19		that (1) (we) last
121		sow the deceased alive or obove, (I) (we) (did) telebra	1) view the body	ofter deoth.		that in (my) (aux) opinio	on death	occurred on the do	te and hour o		
# He		22b. SIGI NATURE	1	1-10	0	EGREE ATTENDING	1 445	DICAL STAF	c	224 DATE	SIGNED
ž		10	1800	Jun	1)	PHYSICIAN	DIR	RECTOR PHYSIC	IAN 🗌		
DRTA		22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS	/				
NA NA				Boyd, II				ltown M	d. 20	650	
_ 4		JRIAL, CREMATION, REMOVAL				METERY OR CREMATORY		LOCATION CITY OR JOWN		QUNTY	STATE
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EASE TOOR FILES DURS REET	3. SE	ERNEST	IS. DATE OF BIRTH	SELL	(IN YEARS IF UNDER	1 YR. IF UNDER 24 HRS.	DEATH MATED TO	JLY 18 19 85	2d, HOUR
IREC JR F JR F J STI			MONTH DAY	YEAR LAST	BIRTHDAY) MONTHS C		RONOLINCED		
SAR YOUN	MA Zn B	LE ICAUCASI	AN JULY 30	1898 86	YRS.		DEAD JULY		5 PM
S NECESSARY PIEASE E FUNERAL DIRECTOR. 5 FOR YOUR FILES. W. PRESTON STREET.	FC	REIGN COUNTRY)				NEVER MARRIED			
2 S S S S S S S S S S S S S S S S S S S		TRGINIA	U.S.A		HOME, OR OTHER IN		ST. MARY'S	COUNTY VORK 112b. KIND OF BU	MD.
DELAY IS N TO THE F N PAGE 5 BE FILED.		RIDGE		ACILITY, GIVE STREET ADD		FOR M	OST OF WORKING LIFE) TENENCE	CIVIL SI	RY
Y DELV 3 TO 10 BE 10 BE		AL RESIDENCE (IF IN NURSING HOM		IVE RESIDENCE BEFORE A	DMISSION)				LICV ICE
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2 mg 8 3/1		FIRST LUTHER S	AMUEL	MILLER	distribution in	SALLY	MIDDLE	IFFLETT	
HARMY /	16a.\	VAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	CURITY NO. 17. IN	NFORMANT		, BOX 178	
S S S S	,,,	NO	TE WAR OR DATES;	217-03-	9660 V	ICKIE L. DENN		VIRGINIA	
- 80		18 CAUSE OF DEATH (Enter	only one couse per line				Indian,	APPROXIMATE BETWEEN ONSET	INTERVAL
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER THE STRING THE WORD "PENDING" IN PENCIL IN TEM 18. GWE DE TO THE CHIEF MEDICAL EXAMINER ALONG WITH PROPERTY SHOULD BE USED AS A BURIAL: TRANSIT PERMIT. PAGE E DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION PRIOR TO BURIAL, CREMATION, OR REMOVAL		PART I DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Preb	Able	Mycen	Eden [In	Fire Lu	and being
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D BE EXECENDING" MEDICAL AS A BU AITH AND EMATION,	7	PART 2 OTHER SIGNIFICANT CONDITIO	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 1 (a).			
	CERTIFICATION	190. DATE OF OPERATION	In Course						
CHIEF A	PF S	THE DATE OF OPERATION	198. CONDII	TION FOR WHICH	OPERATION WAS PE	RFORMED?		20. AUTOPSY?	2
TING THE WORD OPED TO THE CHIE E 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL,	ER	21g. EXTERNAL CAUSE WAS	21b. TIME OF	FINJURY	Tale HOW IN	JURY OCCURRED (ENTER N.	ATTIME OF INTURY IN TEAL 10 BART 1	YES L	NO
THE OULD OULD TO BE		UNDERLYING OR	HOUR A.M	MONTH DAY	YEAR	SONT OCCORNED (CIVICA III)	TORE OF MODRE ME HEM TO PART I	ORPAR(2)	
SHO	MEDICAL	CONTRIBUTING CAUSE O		OF INJURY (AT HO	ME, 21f. LOCATIO	ON			
WARDED WARDED PAGE 3 SI TATE DEP	ME	WHILE NOT WHILE AT WORK	STREET, FACT	TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
ME A C S H C		220. I certify that I took cha	1			, Inspection		my opinion	
EXAMINER CERTIFICAT ULD BE FO DIRECTOR WITH THE		death resulted from:	urol course	Accident	/		mined monner	1	
MAR WAR		ACTUAL SIGNATURE	0-1	mot		TLE-SPECIFY	D	ATE 7/2	don
SH S				1	- M.D.	MEDIC	CAL EXAMINER S	IGNED (Til
TO MEDICAL EXAMIN EXECUTE THE CRITIFIC PAGE A SHOULD BY TO CUNERAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLAN		EXAMINER'S NAME (TYPE OR PRINT) WI	LIAM D. BO	OYD, 11	MD ADDR	ESS_LEONARDTOW	N, MARYLAND	20650	
PAC AFT BAL	23a.B	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME O	F CEMETERY OR CRE			COUNTY STA	
BP		BURIAL	7-23-85	MOUNT	OLIVET	MCGA	HEYSVILLE RO		ÏR.
DHMH - 17		INERAL DIRECTOR	ADDRESS			250. DATE REC'D. BY F	REGISTRAR 256 REGISTRA		ă.
(VR A15 ME (5))	ED	VARD N. BRINSF	IELD. JR.	LEONARDT	OWN. MD.	111111111111111111111111111111111111111	3900 N		



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	6) (4)	. 0 0	- 3-	6 6
1	I. DEC	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
1	{TYPE	OR PRINT)	CNES	CT	CILIA	RUSSI	PT T	Tooler 41.	1985		10-15P
1	3. SEX	3 SEX		I. RACE	CIDIA	5. DATE C	- Contract of the Contract of	July 14, 1985		INDER ! YEAR	IF UNDER 24 HRS
		Female		White	9	Feb		59	YRS.	THS DAYS	HOURS MIN.
2		RTHPLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1							D DIVORCED	St. M	ary's Co		
Leonard town				11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		ADDRESS)	s Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker		126 KIND OF BUSINESS OR INDUSTRY Home	
	I la S	AL RESIDENCE (IF NURS	136 COUNT			ADMISSION)	139 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	- 00	1000
1	1	THER'S NAME FIRST	Lew	is	Russell		IS MOTHER'S MAIDEN NAM	ME Iren	e A	belÎ	ST.
		VAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
١	- (1	(YES, NO OR UNKNOWN) (IF YES GI		WAR OR DATES	218-80-3233 Richard Ignatius Russell					, Same as 13e	
١		18 CAUSE OF DEATH Enter only one cause per line for 10 , (b), and c								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		IMMEDIATE CAUSE 10) Heal My grandes dofaction with									
	6	Canditions, if any, which (ib)									
1		gave rise to imm	gave rise to immediate cause Ial, stating the DUETO OR AS A				0				
ı		underlying cause		100000	R AS A CONSEQUE	INCE OF					
	.w	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								IN PART 10	a
7	CERTIFICATION	19a DATE OF OPERATION 19b CO		196 COND	ITION FOR WHICH	WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
	TIF			133			YES NO	YES [NG CAUSES OF DEATH?		
)	1111125111	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT		FINJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART 1	OR PART 2)	17.40
	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		21f LOCATION			COUNTY	
ı	×	WORK NOT WH	IKE C	(AT HOME STE	REET, FACTORY, OFFICE F.	ARM ETC }	STREET	CITY OR TO	WN	COUNIT	STATE
		22a I certify that (I)				7/19	19_83	, to	. 19_		that (1) (we) last
		saw the decease abave, (I) (we) (d	id+did nat	view the body	after death.		nd that in (my) (aur) apinian c	death accurred an the do	ite and haur an		
		27%. SIGNATURE DEGREE ATTENDING MEDICAL STAFF								SIGNED	
Н	1	224 PHYSICIAN SNA	ME (TYPE	-			22e. ADDRESS	DIRECTOR PHYSIC	IAN	1/16	180
		James C	. Boy	d. M.D.		416	Leonardtov	m, Md. 206	50		
	1.5	SPECIFY CREMATION,	REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION	0.00	O WANT Y	a - Malia
	Bu:	rial		July :	17,1985	St.F	rancis Xavi			-	's Md.
	24 FU	UNERAL DIRECTOR			ADDRESS			REC'D. BY REGISTRAR			
	W.	Clarke I	Matti	ngley	, Leonar	dtow	m, Md. J	UL 1 / 1485	- what was	Mader	Tandami -

DHMH - 16 60M 7/84 (VRA 15, 4)

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June J. Joyl, Decrettant, 18. 20050

STATE OF MARYLAND 210190 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 1837 director, page 3 hours after death FRANK RUSSELL JULY 19, 1985 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE Feb. 16, 1925 White 60 Male To. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Chaptico, Md. ST MARY's U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH EACH ITY, GIVE STREET ADDRESS) PATUXENT RIVER Cook 13b. COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland YES [] NO [St Mary's California Star Rt Box 552 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Suite Rose George Clayton Rüssell Alice 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Ilah Jean Russell Same as 13e Yes Air Force 213-22-0879 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: CARDIAC ARREST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO M 21a. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 19 JULY saw the deceased alive on: 19 JU y above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinian death accurred on the date and hour and from the causes stated 22b. SIGNA DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS the t NAVAL HOSPITAL, PATUXENT RIVER MD R. D. SKIPWORTH

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR W. Clarke Mattingley Teonardtown, Mc

23b. DATE 7/22/85

230 BURIAL, CREMATION, REMOVAL

Burial

23¢ NAME OF CEMETERY OR CREMATORY

Chas. Mem. Gardens

23d LOCATION

Leonardtown St. Marv's Md. Tulia Bairdson Mandall

a little

IMPORTANT: If them 21 is marked at them 1B shaws any

DHMH - 16 60M 7/84

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIE

1.	STATE REGISTRAR				CERTIF	ICATE OF DEAT	H	8 DRE	G. NO. 2	0 9	6 3
	EASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEA	H MONTH	DAY YEAR	26. HOUR
1		MARY		BILLIEN	STO	CLAIR		July 1,	1985		8:20 PM
3. SE>	(4 RACE		S. DATE O			AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER TYEAR	
F	Temale		White		Marci	n 2, 1899	EAR		86 _{YRS}	MONTHS	HOURS MIN.
Pa Bil	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARR	ICD XX	BALTIMORE CI	TY OR COUN	TY OF DEATH	
	ountry)		U.S	S.A.	WIDOWE			St. Mar	y's Co	unty	MD
10 CI	ITY OR TOWN OF DEATH		11. NAME OF	11. NAME OF HOSPITAL NURSING			-	120 USUAL OCCU		126 KIND	OF BUSINESS OR
I			St. M	HEACILITY, GIVE STREET	spital			(TYPE OF WORK FOR A	IOST OF WORKING	(LIFE) INDUSTRY	
USUA I3o S	L RESIDENCE (IF NU	RSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFO		13d INSIDE CITY LI	MITS?	13a STREET ADDR	FSS / 7IP CO	DE 🚓	
Mo		St.1	Mary's	Mechan		lde no	2	Rt.2	, Box	15 de	X057
14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	DEN NAM	E			*
5	James	Wal	lter	StCl	air	Fran	nces	Rebe		Good	le
	VAS DECEASED EVE			166 SOCIAL SEC	URITY NO	17 INFORMANT		A	DDRESS R	t.2,Box	128
0	NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	212-56	-0760	T Heler	C.	Rotzin	ger Ho	ollywoo	d.Md.
	18 CAUSE OF DEA	YM (Ento) =	-lu								XIMATE INTERVAL
	Conditions, if ony, which gove rise to immediate cause (a), stating the										
	underlying cause last.										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10										
ON O											
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		YES NO	IN CER	YES, WERE FIND TIFYING CAUSE YES	
E E	210. ACCIDENT WAS U	-	21b. TIME C			21c HOW INJURY	OCCURRE		FINJURY IN ITEM I	8 PART I OR PART 2)	
AL	OR CONTRIBUTING		AIG	.M. MONTH I .M.	DAY YEAR						
MEDICAL	214 INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION		CITY	ORTOWN	COUNTY	STATE
×	WHILE NOT WHILE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN										
	220.1 certify the	this hosp	ital) attended tl	ne deceased from		2/1 19	15	_, to	1.	19 65	ther we) lost
	sow the deceased alive an									couses stated	
F	226 SIGNATU-	Palar (ala ne	ori view the body	-difer death		DEGREE				22c DAT	ESIGNED
100	Y	5	11	12	K	ATTEN PHYS	IDING	MEDICAL PRECTOR PR	STAFF	2/	2/8
	22d. PHYSICIAN'S	VAME (TYPE	OR PRINT)			PHYSICIAN DIRECTOR PHYSICIAN					
	David Allen, M.D.				Leonardtown		town,	, Maryland 20650			
	URIAL, CREMATION	I, REMOVAI	1			EMETERY OR CREM		23d LOCATION	VN	COUNTY	- STATE
В	urial		7/4/	85 T	rinit	y Cemet	-	Newpor	t, Ch	arles	Md. Md.
24 FL	INERAL DIRECTOR			ADDRESS			250. DATE	RECO BY REGS	MAR 25b. REG	ISTRAR'S SIONA	TURE
W	. Clarke	Mat	tingle	y, Leon	ardto	wn, Md.	001				

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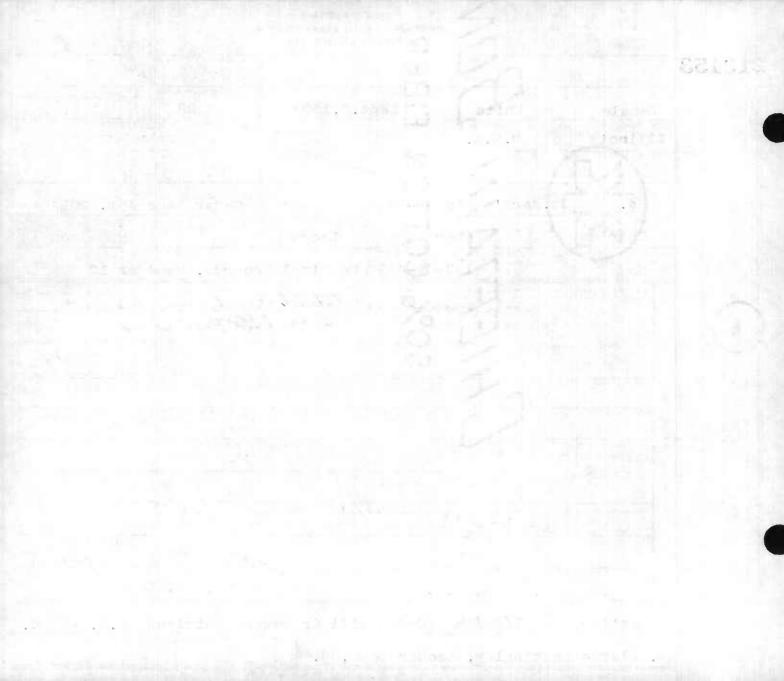
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STATE OF MARYLAND

PEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	B 5reg. No. 2 0 9 6 9					
3153		CEASED NAME FIRST	MIDDLE	CEERER	July 28, 1985 26. HOUR	0.4				
9	0.00	LEORA		SEEBER	July 28, 1985 1:3	/٧١				
1	3. SE		4 RACE	S. DATE OF BIRTH Sept.3,1902	MONTHS DAYS HOURS /	MIN.				
8 01		Female RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY?		82 YRS BALTIMORE CITY OF COUNTY OF DEATH					
19/	I	Ilinois	U.S.A.	MARRIED NEVER MARRIED	St Mary's County					
M		Leonardtown		S Hospital	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
35	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN St. N	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY BY LEONAR C	ADMISSION) 13d INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS / ZIP CODE Cedar Lane Apt. 202A					
examine	14. FA	Charles	Seeber Seeber	is mother's maiden na Leora	ME Hudelson					
dicol		VAS DECEASED EVER IN U.S. ARA	WAR OR DARKS		ADDRESS					
E B		VES NO OR UNKNOWN) (IF YES, GIVE	197-09-	-4432 Hospital F	Records, Same as 10					
Then please to to burial, cremanialization of the transfer to	NO	gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUION (c)		MINAL DISEASE OR CONDITION GIVEN IN PART 110					
ene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO					
and Hyg	1576	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA.		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
hed on	MEDICAL	2M. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE F	211 LOCATION STREET	CITY OR TOWN COUNTY STAT	E				
of Healt a 21 is ma		10.1 certify that III (this hospital) attended the deceased from 7/13/13 19 10 7/25/05 19 that (I) (we) lost now the deceased alive an 2/27/19 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (b) we find find not see the body after death.								
Art Dep		774. SIGNATURE	1		MEDICAL STAFF DIRECTOR PHYSICIAN					
APORTA		Panes C	Boyd, M.D.		dtown, Md. 20650					
	C	urial, Remation, Removal specific remation		dar Hill Crematory		1.				
60M 7/84 15, 4)	24 F	. Čĺarke Matt	ingley, Leona	rdtown, Md.	E REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE					



MARYLAND 2120

BALTIMORE,

FOR - STATE REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TENNISON

5. DATE OF BIRTH

REG. NO.	U	7	1	1	
July 23, 198	5	YE AR	8:4		
6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER	RIVEAR	IF UNDER 24 HRS		
82 _{YRS}	MONTHS	DAYS	HOUR5	MIN.	
9 BALTIMORE CITY OR COUNT	Y OF DE	ATH			

(TYPE OR PRINT) MARY 3 SEX Female 8 BIRTHPLACE (STATE OR FOREIGN Md. ID CITY OR TOWN OF DEATH Leonardtown

May 6, 1903 White TO CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. WIDOWEDXX NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH SCILITY, GIVE TREET ADDRESS) Hospital

St. Mary's County 12a USUAL OCCUPATION 126 KIND OF BUSINESS LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 COUNTY
131 CITY OR TOWN Md. 14 FATHER'S NAME

St. Mary's Lexington Combs

LILLIAN

NO X 15 MOTHER'S MAIDEN NAME Blondell

13d INSIDE CITY LIMITS?

ank

Fenhagen Box 33

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

160 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES. NO OR UNKNOWN!

PART I. DEATH WAS CAUSED BY:

Frank

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (

IMMEDIATE CAUSE 10

FIRST

4 RACE

166 SOCIAL SECURITY NO.

ADDRESS 17 INFORMANT 217-32-1887D Mrs. Irving Hewitt

Rt.2, Box 90

MICOLE

Callaway, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATI

Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last. CONSEC

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINARDISEASE OR CONDITION GIVEN IN PART 1.0

19

190 DATE OF OPERATION

21a ACCIDENT WAS UNDERLYING

216. TIME OF INJURY HOUR A.M. MONTH DAY

IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM ETC.

P.M

211. LOCATION CITY OR TOWN STREET

20a AUTOPSY

220.1 certify that (1) (this hospital) attended the saw the deceased alive on above, (I) (we) (did) (did hat) view i

and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

77h SIGNATURE

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

ATTENDING

Leonardtown, Md

MEDICAL

7/26/85 Burial

23¢ NAME OF CEMETERY OR CREMATORY Holy Face Cem.

DEGREE

Great Mills, St. Mary's Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

CERTIFICATION

(VRA 15, 4)

W. Clarke Mattingley, Leonardtown, Md.

James C. Boyd, M.D.

73h DATE

STATE

MPORTANT

BP

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